

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 1/15/2026 10:31 AM EST

Confirmation Number: 15924

Amended Confirmation Number:

Employer Information

Name: Ally Financial Inc.
Address: 500 Woodward Avenue
City: Detroit
State: MI
Zip Code: 48226

Plan Administrator Information

Name: Michael Anzalone, Sr. Director Benefits
Address: 1100 Virginia Dr Ste 150
City: Ft Washington
State: PA
Zip Code: 19034
Phone: 2673877246
Email: michael.anzalone@ally.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Ally Financial Inc. Executive Severance Plan	Number of Employees: 22
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Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 15924. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.